

CONSENT AND RELASE FOR ADULTS (INCLUDING STUDENTS 18 AND OLDER) TO BE FILMED/ PHOTOGRAPHED/ INTERVIEWED AND FOR USE OF IMAGE/VOICE

| l, | , hereby irrevocably grant to District of Columbia Public |
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| Schools (DCPS) and the District of Columbia | a , their successors, and their assignees the right to record my |
| image and/or voice and use my artwork an | d/or written work on videotape, on film, in photographs, in |
| digital media and in any other form of elec | tronic or print medium and to edit such recording at their |
| discretion. | |
| I understand that my address and biograph | nical information will not be made public. I further grant to |
| District of Columbia Public Schools (DCPS) and the District of Columbia , their successors, and their | |
| assignees the right to use, and to allow oth | ners to use my full name, image and/or voice may be used on |
| the internet, in brochures, and in any othe | r medium, and I hereby consent to such use. |
| I hereby release DCPS and the District of Co | olumbia and anyone using my image and/or voice and/or |
| written work pursuant to this release from | any and all claims, damages, liabilities, costs and expenses |
| which I now have or may hereafter have by | y reason of any use thereof. |
| I understand that the provisions of this rele | ease are legally binding. I hereby affirm that I am at least |
| eighteen (18) years old and have proper au | uthority to provide consent to this document. |
| Print Name | |
| Signature | Date |
| School (or Organization): | |
| Address: | |
| Phone: Ema | ail Address: |